

**County of Los Angeles - Department of Mental Health**

**Quality Improvement Work Plan Implementation Status Report**

**Dated 12/28/10**

**Prepared by: Program Support Bureau, Quality Improvement Division**

**NAME OF REPORT:**

PATIENT RIGHTS OFFICE (PRO) REQUESTS FOR CHANGE OF PROVIDER

**QI IMPLEMENTATION STATUS REPORT**

*Under Title 9, California Code of Regulation (CCR) Section H on Quality Improvement (QI) section 181.440, the Mental Health Plan (MHP) is required to demonstrate a QI Work Plan that includes goals and monitoring activities to ensure beneficiary satisfaction. One aspect of this monitoring activity is the annual review of requests for changing person providing services. The QI Division works closely with the PRO to evaluate effectiveness of the processes involved in requesting a change of provider.*

As previously reported, the Patients' Rights Office (PRO) began a quality improvement initiative to update and revise Policy 200.02 Request for Change of Provider (See Attached). These changes become effective on June 8, 2010.

*As a requirement under Title 9, (CCR), this Policy provides a formal process for clients to request a change in provider at the clinic (rendering provider) or a change in program site, specifies timelines for providers to respond to the request, and procedures to follow when reporting such requests to the Patients' Rights Office.*

Procedural changes in the policy and forms include:

- Beneficiary/client shall receive a copy of the "Request for Change of Provider" form signed by clinic staff as a receipt (Attachment I)
- Logs that do not include protected health information (PHI) may be submitted by email. (Attachment II)
- Reporting codes that identify the client's reason (s) for Request for a Change of Provider (RCP) have been added for statistical analysis

The changes to Policy 200.02 are a result of extensive stakeholder participation coordinated by the Patients' Rights Office. PRO conducted both consumer focus groups and provider focus groups to obtain feedback on critical information, procedures and processes that would improve and streamline the RCP process.

Improvements anticipated by these changes in Policy and Procedures include:

- 1) A more user friendly experience for consumers wanting to change providers
- 2) Increased accountability and tracking of requests

- 3) Reducing the number of RCP that progress to formal Grievances/Appeals due to consumer dissatisfaction with the resolution of the request.
- 4) Increased consumer satisfaction with LACDMH services as a result of a smoother change of provider processes.
- 5) QI opportunities may be identified by monitoring and trending reasons clients identify for RCP.
- 6) Higher compliance with monthly Log reports from providers with the ability to email logs to the MHP.
- 7) Continued compliance with Medi-cal and state regulations

The Patients' Rights Office staff has held numerous educational presentations on the new Policy and Procedures for RCP. Presentations included all Service Area QIC meetings as well as the June '10 DMH Departmental QIC meeting.

### **Summary of Findings**

*Findings in this report reflect usage of the prior Policy and Procedures for Requesting a Change of Provider and not the new Policy and Procedures that began in FY10-11.*

**Table 1: RCP Grievances  
Three Year Trend FY 07-08 to FY 09-10**

Year	FY 07-08	FY 08-09	FY 09-10
RCP Total	338	427	536
# of Grievances from RCP	15	13	5
% of Grievances from RCP	4.49%	3%	1.1%

1. Of the RCP total of 536 in FY 09-10, only 5 went to a formal Grievance, and all were resolved. Three of the 5 RCP Grievances were In-Patient and two were Out-Patient.
2. The total number of RCP increased during the past three years while the RCP percentage that progress to formal Grievances decreased.
3. The Change of Provider Summary Log Reports for FY 09-10 by Quarter were as follows:

**Table 2: Number of RCP for FY 09-10**

1 <sup>st</sup> Q 09-10	2 <sup>nd</sup> Q 09-10	3 <sup>rd</sup> Q 09-10	4 <sup>th</sup> Q 09-10	Total
122	98	151	165	536

The number of RCP by Quarter was significantly larger during the last two Quarters.

**Table 3: Number and Percentage of Providers  
Submitting Quarterly RCP Log Reports for FY 2009-2010**

Quarter	1 <sup>st</sup> Q 09-10	2 <sup>nd</sup> Q 09-10	3 <sup>rd</sup> Q 09-10	4 <sup>th</sup> Q 09-10	Total Annual for FY 09-10
Total Number of Providers	335	335	335	335	335
Number of Providers Submitting RCP Log Reports					
Percentage of Providers Submitting RCP Log Reports					

\* Unique number of providers submitting Quarterly RCP Log Reports

**Table 4: Number and Percentage of Providers  
Submitting Quarterly RCP Log Reports for FY 2008-2009**

Quarter	1 <sup>st</sup> Q 08-09	2 <sup>nd</sup> Q 08-09	3 <sup>rd</sup> Q 08-09	4 <sup>th</sup> Q 08-09	Total Annual FY 08-09
Total Number of Providers	287	287	287	287	287
Number of Providers Submitting RCP Log Reports					
Percentage of Providers Submitting RCP Log Reports					

The Total Number of Providers increased from FY'08-09 (N = 287) to FY'09-10 (N =335).

**Actions Requested/Needed**

1. QI will continue to work with PRO to secure an electronic system of data collection to track and analyze RCP information.
2. QI and PRO to consider the finding that the number of providers has increased over the past year, but the number of providers submitting RCP Logs has not increased correspondingly. With the improvement added in the revised Policy 200.02 that providers can email the Logs to PRO, the percentage of providers subsequently complying with submitting monthly Logs may favorably change.
3. QI and PRO to work to improve accuracy of data for provider submissions/non-submissions of RCP Log Reports.

**Recommended Policy Changes**

1. In FY 2010-2011 the MHP will be collecting RCP data using the updated and revised Policy 200.02 Request for Change of Provider procedures and documentation.
2. Produce separate reports on providers submitting vs. not submitting RCP Log Reports.
3. Analyze data for non-submission of RCP Log Reports for essential data components.
4. Use actual Total Provider List for number of providers reporting RCP Log Reports.
5. Use actual unique number of provider reporting (monthly, quarterly and annually).